

## PART B - FEE(S) TRANSMITTAL

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**AUG 29 2007**

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24498 7590 08/01/2007  
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**Lori Klewin** (Depository name)  
**Lori Klewin** (Signature)  
**August 29, 2007** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/582,402 11/10/2000 Peter Paul Polit

RC/ANNN20 1656

TITLE OF INVENTION: CALL SETUP FOR IP/INTERNET TELEPHONY

08/30/2007 FMETEK12 00000013 070832 09582402

01 FC:1501 1400.00 DA  
~~02 FC:1501 12.00 DA~~

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/01/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LY, ANH VU H	2616	370-352000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2 For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Joseph J. Laks  
2 Rohald H. Kurdyyla  
3 Joel M. Fogelson

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thomson Licensing

Boulogne-Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 8/29/07

Typed or printed name Jöel M. Fogelson

Registration No. 43,613

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